

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 585439

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10	1		1			
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47				1		
48				1		
49				1		
50				1		
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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